

COMBINED DECLARATION FOR PATENT
APPLICATION AND POWER OF ATTORNEY
(Includes Reference to PCT International Applications)

ATTORNEY'S DOCKET
NUMBER

176/61642 (1259)

As a below named inventor, I hereby declare that:

My residence, post office address and citizenship are as stated below next to my name.

I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled:

DIAGNOSTIC SYSTEM FOR OTOLARYNGOLOGIC PATHOGENS AND USE THEREOF

the specification of which (check only one item below):

☐ is attached hereto.

☐ was filed as U.S. Patent Application Serial No. _____ on _____ and was amended on _____ (if applicable).

☒ was filed as PCT International Application Number **PCT/US2004/030644** on **20 September 2004** and assigned **U.S. Serial No. 10/572,080**.

I hereby state that I have reviewed and understand the contents of the above-identified specifications, including the claims, as amended by any amendment referred to above.

I acknowledge the duty to disclose information which is material to the patentability of this application in accordance with Title 37, Code of Federal Regulations, § 1.56(a).

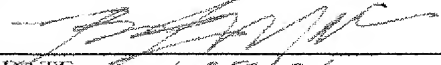
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PRIOR APPLICATION(S) AND ANY PRIORITY CLAIMS UNDER 35 U.S.C. 119:

COUNTRY (IF PCT, indicate "PCT")	APPLICATION NUMBER	DATE OF FILING (day, month, year)	PRIORITY CLAIMED UNDER 35 USC 119
USA	60/504,530	19 September 2003	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO
			<input type="checkbox"/> YES <input type="checkbox"/> NO
			<input type="checkbox"/> YES <input type="checkbox"/> NO
			<input type="checkbox"/> YES <input type="checkbox"/> NO
			<input type="checkbox"/> YES <input type="checkbox"/> NO
			<input type="checkbox"/> YES <input type="checkbox"/> NO
			<input type="checkbox"/> YES <input type="checkbox"/> NO
			<input type="checkbox"/> YES <input type="checkbox"/> NO

COMBINED DECLARATION FOR PATENT APPLICATION AND POWER OF ATTORNEY (Continued) (Includes Reference to PCT International Applications)				ATTORNEY'S DOCKET NUMBER 176/61642 (1259)	
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U.S. APPLICATIONS			STATUS (Check One)		
U.S. APPLICATION NUMBER		U.S. FILING DATE	PATENTED	PENDING	ABANDONED
PCT APPLICATIONS DESIGNATING THE U.S.					
PCT APPLICATION NO.	PCT FILING DATE	U.S. SERIAL NUMBERS ASSIGNED (if any)			
PCT/US2004/030644	20 September 2004			X	
POWER OF ATTORNEY: As a named inventor, I hereby appoint the following attorney(s) and/or agent(s) to prosecute this application and transact all business in the Patent and Trademark Office connected therewith: Michael L. Goldman, Registration No. 30,727; Joseph M. Noto, Registration No. 32,163; Gunnar G. Leinberg, Registration No. 35,584; Edwin V. Merkel, Registration No. 40,087; Alice Y. Choi, Registration No. 45,758; Andrew K. Gonsalves, Registration No. 48,145; Shelley A. Jones, Registration No. 53,081; Tate L. Tischner, Registration No. 56,048; Jeffrey C. Talkington, Registration No. 58,381					
Send Correspondence to:		Edwin V. Merkel, Esq. NIXON PEABODY LLP Clinton Square, P.O. Box 31051 Rochester, New York 14603		Direct telephone calls to: Edwin V. Merkel (585) 263-1128	
2 0 1	FULL NAME OF INVENTOR	FAMILY NAME MILLER	FIRST GIVEN NAME Benjamin	SECOND GIVEN NAME L.	
	RESIDENCE & CITIZENSHIP	CITY Penfield	STATE/FOREIGN COUNTRY New York	COUNTRY OF CITIZENSHIP U.S.A.	
	POST OFFICE ADDRESS	P.O. ADDRESS 17 Rolling Meadows Way	CITY Penfield	STATE & ZIP CODE/COUNTRY New York 14526 U.S.A.	
2 0 2	FULL NAME OF INVENTOR	FAMILY NAME HORNER	FIRST GIVEN NAME Scott	SECOND GIVEN NAME R.	
	RESIDENCE & CITIZENSHIP	CITY Rochester	STATE/FOREIGN COUNTRY New York	COUNTRY OF CITIZENSHIP U.S.A.	
	POST OFFICE ADDRESS	P.O. ADDRESS 127 Merriman Street	CITY Rochester	STATE & ZIP CODE/COUNTRY New York 14607 U.S.A.	
2 0 3	FULL NAME OF INVENTOR	FAMILY NAME ROTHBERG	FIRST GIVEN NAME Lewis	SECOND GIVEN NAME J.	
	RESIDENCE & CITIZENSHIP	CITY Pittsford	STATE/FOREIGN COUNTRY New York	COUNTRY OF CITIZENSHIP U.S.A.	
	POST OFFICE ADDRESS	P.O. ADDRESS 8 Old Farm Circle	CITY Pittsford	STATE & ZIP CODE/COUNTRY New York 14534 U.S.A.	
2 0 4	FULL NAME OF INVENTOR	FAMILY NAME TAGHIZADEH	FIRST GIVEN NAME Farhan	SECOND GIVEN NAME	
	RESIDENCE & CITIZENSHIP	CITY Albuquerque	STATE/FOREIGN COUNTRY New Mexico	COUNTRY OF CITIZENSHIP U.S.A.	
	POST OFFICE ADDRESS	P.O. ADDRESS 3901 Indian School Road, NE Apt. #112D	CITY Albuquerque	STATE & ZIP CODE/COUNTRY New Mexico 87110 U.S.A.	

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SIGNATURE OF INVENTOR 201 	SIGNATURE OF INVENTOR 202	SIGNATURE OF INVENTOR 203
DATE 11-28-06	DATE	DATE
SIGNATURE OF INVENTOR 204		
DATE		

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SIGNATURE OF INVENTOR 201	SIGNATURE OF INVENTOR 202 	SIGNATURE OF INVENTOR 203
DATE	DATE 04/24/07	DATE
SIGNATURE OF INVENTOR 204		
DATE		

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SIGNATURE OF INVENTOR 201	SIGNATURE OF INVENTOR 202	SIGNATURE OF INVENTOR 203 <i>Lewis J. Rothberg</i>
DATE	DATE	DATE <i>5-22-06</i>
SIGNATURE OF INVENTOR 204		
DATE		

**COMBINED DECLARATION FOR PATENT
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U.S. APPLICATIONS

STATUS (Check One)

U.S. APPLICATION NUMBER

U.S. FILING DATE

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PCT APPLICATIONS DESIGNATING THE U.S.

**PCT
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Rochester, New York 14603**

Direct telephone calls to:

**Edwin V. Merkel
(585) 263-1128**

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**FULL NAME
OF INVENTOR**

**FAMILY NAME
MILLER**

**FIRST GIVEN NAME
Benjamin**

**SECOND GIVEN NAME
L.**

**RESIDENCE &
CITIZENSHIP**

**CITY
Penfield**

**STATE/FOREIGN COUNTRY
New York**

**COUNTRY OF CITIZENSHIP
U.S.A.**

**POST OFFICE
ADDRESS**

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17 Rolling Meadows Way**

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**STATE & ZIP CODE/COUNTRY
New York 14526 U.S.A.**

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2

**FULL NAME OF
INVENTOR**

**FAMILY NAME
HORNER**

**FIRST GIVEN NAME
Scott**

**SECOND GIVEN NAME
R.**

**RESIDENCE &
CITIZENSHIP**

**CITY
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**FULL NAME OF
INVENTOR**

**FAMILY NAME
ROTHBERG**

**FIRST GIVEN NAME
Lewis**

**SECOND GIVEN NAME
J.**

**RESIDENCE &
CITIZENSHIP**

**CITY
Pittsford**

**STATE/FOREIGN COUNTRY
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1413A150 Dr. NE

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F. J. [Signature] 5-22-01